

<i>SERFF Tracking Number:</i>	<i>PERR-125427723</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonington Insurance Company</i>	<i>State Tracking Number:</i>	<i>#101657 \$50</i>
<i>Company Tracking Number:</i>	<i>SIC-CMP-SG-AR-08-01-F</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non- Liability</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
<i>Product Name:</i>	<i>SIC-CMP-SG-AR-08-01-F</i>		
<i>Project Name/Number:</i>	<i>SIC-CMP-SG-AR-08-01-F/SIC-CMP-SG-AR-08-01-F</i>		

Filing at a Glance

Company: Stonington Insurance Company	SERFF Tr Num: PERR-125427723	State: Arkansas
Product Name: SIC-CMP-SG-AR-08-01-F	SERFF Status: Closed	State Tr Num: #101657 \$50
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability		
Sub-TOI: 05.0003 Commercial Package	Co Tr Num: SIC-CMP-SG-AR-08-01-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Faviola Jimenez, Lois Pimentel	Disposition Date: 01/30/2008
	Date Submitted: 01/15/2008	Disposition Status: Approved
Effective Date Requested (New): 03/01/2008		Effective Date (New): 03/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: SIC-CMP-SG-AR-08-01-F	Status of Filing in Domicile: Pending
Project Number: SIC-CMP-SG-AR-08-01-F	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/30/2008	
State Status Changed: 01/29/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	
Filing Description:	
On behalf of Stonington Insurance Company (the "Company"), we are filing new and revised forms in your jurisdiction. Enclosed you will find a filing memorandum that details the changes being made in this filing.	

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to

SERFF Tracking Number: PERR-125427723 State: Arkansas
 Filing Company: Stonington Insurance Company State Tracking Number: #101657 \$50
 Company Tracking Number: SIC-CMP-SG-AR-08-01-F
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
 Liability
 Product Name: SIC-CMP-SG-AR-08-01-F
 Project Name/Number: SIC-CMP-SG-AR-08-01-F/SIC-CMP-SG-AR-08-01-F

this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

We respectfully request this filing to be effective March 1, 2008.

Please do not hesitate to contact us should you have any questions or concerns.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Lois Pimentel, State Filings Project Coordinator doi@perrknight.com

Perr&Knight (888) 201-5123 [Phone]

Pacific Palisades, CA 90272 (310) 230-8529[FAX]

Filing Company Information

Stonington Insurance Company

CoCode: 10340

State of Domicile: Texas

5080 Spectrum Dr. Suite 900 East

Group Code: 1331

Company Type: Insurance

Addison, TX 75001

Group Name: Glencoe US

State ID Number:

Holdings, Inc

(888) 201-5123 ext. 109[Phone]

FEIN Number: 57-0338686

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR charges \$50.00 per form filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonington Insurance Company	\$0.00	01/15/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
101657	\$50.00	01/14/2008

SERFF Tracking Number:	PERR-125427723	State:	Arkansas
Filing Company:	Stonington Insurance Company	State Tracking Number:	#101657 \$50
Company Tracking Number:	SIC-CMP-SG-AR-08-01-F		
TOI:	05.0 Commercial Multi-Peril - Liability & Non-Sub-TOI:		05.0003 Commercial Package Liability
Product Name:	SIC-CMP-SG-AR-08-01-F		
Project Name/Number:	SIC-CMP-SG-AR-08-01-F/SIC-CMP-SG-AR-08-01-F		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/30/2008	01/30/2008

SERFF Tracking Number:	PERR-125427723	State:	Arkansas
Filing Company:	Stonington Insurance Company	State Tracking Number:	#101657 \$50
Company Tracking Number:	SIC-CMP-SG-AR-08-01-F		
TOI:	05.0 Commercial Multi-Peril - Liability & Non-Sub-TOI:		05.0003 Commercial Package Liability
Product Name:	SIC-CMP-SG-AR-08-01-F		
Project Name/Number:	SIC-CMP-SG-AR-08-01-F/SIC-CMP-SG-AR-08-01-F		

Disposition

Disposition Date: 01/30/2008
Effective Date (New): 03/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125427723 State: Arkansas

Filing Company: Stonington Insurance Company State Tracking Number: #101657 \$50

Company Tracking Number: SIC-CMP-SG-AR-08-01-F

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

Product Name: SIC-CMP-SG-AR-08-01-F

Project Name/Number: SIC-CMP-SG-AR-08-01-F/SIC-CMP-SG-AR-08-01-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum, Letter of Authorization	Approved	Yes
Supporting Document	Markups of revised forms	Approved	Yes
Form	Unreported Driver Endorsement	Approved	Yes
Form	Unreported Driver Deductible Endorsement	Approved	Yes
Form	Exclusion of Assault and Battery	Approved	Yes
Form	Exclusion of Injury or Damage Caused by Animals	Approved	Yes
Form	Exclusion of Injury or Damage Caused by Firearms	Approved	Yes
Form	Exclusion of Punitive, Exemplary, or Multiple Damages	Approved	Yes
Form	Two or More Coverages Forms or Policies Issued by Us	Approved	Yes
Form	Two or More Coverages Forms or Policies Issued by Us	Approved	Yes

SERFF Tracking Number: PERR-125427723 State: Arkansas

Filing Company: Stonington Insurance Company State Tracking Number: #101657 \$50

Company Tracking Number: SIC-CMP-SG-AR-08-01-F

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

Product Name: SIC-CMP-SG-AR-08-01-F

Project Name/Number: SIC-CMP-SG-AR-08-01-F/SIC-CMP-SG-AR-08-01-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Unreported Driver Endorsement	SICCAUD US1207	1207	Endorsement/Amendment/Conditions		0.00	SICCAUDUS1207.pdf
Approved	Unreported Driver Deductible Endorsement	SICCAUD DUS1208	1207	Endorsement/Amendment/Conditions		0.00	SICCAUDDUS1207.pdf
Approved	Exclusion of Assault and Battery	SICILABUS0108	0108	Endorsement/Amendment/Conditions	Replaced Form #: SKILABUS1004 Previous Filing #: SIC-CL-AR-04-01-F	0.00	SICILABUS0108.pdf
Approved	Exclusion of Injury or Damage Caused by Animals	SICILDGUS0108	0108	Endorsement/Amendment/Conditions	Replaced Form #: SKILDGUS1004 Previous Filing #: SIC-CL-AR-04-01-F	0.00	SICILDGUS0108.pdf
Approved	Exclusion of Injury or Damage Caused by Firearms	SICILFAUS0108	0108	Endorsement/Amendment/Conditions	Replaced Form #: SKILFAUS0704 Previous Filing #: SIC-CL-AR-04-01-F	0.00	SICILFAUS0108.pdf
Approved	Exclusion of Punitive, Exemplary, or Multiple Damages	SICILPEUS0108	0108	Endorsement/Amendment/Conditions	Replaced Form #: SKILPEUS0704 Previous Filing #: SIC-CL-AR-04-01-F	0.00	SICILPEUS0108.pdf
Approved	Two or More Coverages or Policies Issued by Us	SICILTWUS0108	0108	Endorsement/Amendment/Conditions	Replaced Form #: S6ILTWUS0804 Previous Filing #: SIC-CL-AR-04-	0.00	SICILTWUS0108.pdf

SERFF Tracking Number: PERR-125427723 State: Arkansas

Filing Company: Stonington Insurance Company State Tracking Number: #101657 \$50

Company Tracking Number: SIC-CMP-SG-AR-08-01-F

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

Product Name: SIC-CMP-SG-AR-08-01-F

Project Name/Number: SIC-CMP-SG-AR-08-01-F/SIC-CMP-SG-AR-08-01-F

01-F

Approved	Two or More	SICIMTW 08 07	Endorseme New	0.00	SICIMTWUS
	Coverages Forms	US0807	nt/Amendm		0807
	or Policies Issued		ent/Condi		INLAND
	by Us		ons		MARINE.pdf

STONINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY -- PLEASE READ IT CAREFULLY.

UNREPORTED DRIVER ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

A. The following is added to the policy **CONDITIONS:**

We must receive written notice within 30 days after any addition is made to the listing of authorized operators or drivers previously provided to the Company.

B. The following exclusion is added:

We will not pay for damages an "insured" legally must pay because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" which occurs while the covered "auto" is being used by any operator or driver not reported on the listing of operators or drivers previously provided to the Company.

C. This endorsement applies only to amounts in excess of the minimum limit of liability required by the state compulsory or financial responsibility law of the governing jurisdiction for the applicable coverage.

All other terms and conditions of this policy remain unchanged.

STONINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY -- PLEASE READ IT CAREFULLY.

UNREPORTED DRIVER DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

A. The following is added to the policy **CONDITIONS:**

We must receive written notice within 30 days after any addition is made to the listing of authorized operators or drivers previously provided to the Company.

B. The following deductible provision is added to **LIABILITY COVERAGE and **PHYSICAL DAMAGE COVERAGE**:**

Special Deductible for Unreported Drivers:

A deductible of \$_____ will apply to any claim involving a vehicle operator or driver whose name you failed to report to us or to your authorized representative, in writing, within 30 days after any addition is made to the listing of authorized operators or drivers previously provided to the Company. This Special Deductible for Unreported Drivers shall apply in lieu of any other Liability Coverage deductible, Comprehensive or Specified Causes of Loss Coverage deductible applicable to the claim.

All other terms and conditions of this policy remain unchanged.

STONINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY -- PLEASE READ IT CAREFULLY.

EXCLUSION OF ASSAULT AND BATTERY

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GARAGE COVERAGE FORM

TRUCKERS COVERAGE FORM

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

COMMERCIAL UMBRELLA COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

This insurance does not apply to:

1. "Bodily injury," "property damage" or "personal and advertising injury" arising out of:
 - a. Assault and/or battery, any altercation, offensive contact, apprehension of offensive contact, or threat by words or deeds; or
 - b. Any act or omission in connection with the prevention or suppression of an assault and/or battery.
 - c. The
 1. Employment;
 2. Investigation;
 3. Supervision;
 4. Reporting to the proper authorities, or failure to so report; or
 5. Retention;of a person for whom any insured is or ever was legally responsible and whose conduct would be excluded by **a.** or **b.** above.
2. This exclusion applies regardless of intent and without regard to:
 - a. Whether the acts are alleged to be by or at the instruction or direction of an insured, an insured's officers, employees, agents or servants; or by another person lawfully or otherwise on or near premises owned or occupied by an insured; or by any other person; or
 - b. Any alleged failure of an insured, or an insured's officers, employees, agents or servants to prevent, bar or halt any such conduct.

All other terms and conditions of this policy remain unchanged.

STONINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY -- PLEASE READ IT CAREFULLY.

EXCLUSION OF INJURY OR DAMAGE CAUSED BY ANIMALS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GARAGE COVERAGE FORM

TRUCKERS COVERAGE FORM

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

COMMERCIAL UMBRELLA COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

This insurance does not apply to:

Any "bodily injury", "property damage", "personal and advertising injury" or "loss(es)" caused by or resulting from an "animal" owned by, leased or loaned to, or in the care, custody or control of any insured;

"animal" means any animal kept as a pet or guard animal, or that lives in association with people, including, but not limited to, a dog, cat, horse, sheep, goat, cow, pig, or bird.

All other terms and conditions of this policy remain unchanged.

STONINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY -- PLEASE READ IT CAREFULLY.

EXCLUSION OF INJURY OR DAMAGE CAUSED BY FIREARMS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
COMMERCIAL UMBRELLA COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

This insurance does not apply to:

1. "Bodily injury", "property damage", "personal and advertising injury" or "loss" caused by, resulting from or arising out of the ownership, possession, entrustment, discharge or use of any firearm. Use includes, but is not limited to, operation, maintenance and loading or unloading.
2. This exclusion applies regardless of intent and without regard to:
 - a. Whether the ownership, possession, entrustment, discharge or use of the firearm is alleged to be by or at the instruction or direction of an insured; an insured's officers, employees, agents or servants; by another person lawfully or otherwise on or near premises owned or occupied by an insured; or by any other person; or
 - b. Any alleged failure of an insured, or an insured's officers, employees, agents or servants to prevent, bar or halt any such ownership, possession, entrustment, discharge or use of a firearm.

All other terms and conditions of this policy remain unchanged.

STONINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY -- PLEASE READ IT CAREFULLY.

EXCLUSION OF PUNITIVE, EXEMPLARY, OR MULTIPLE DAMAGES

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
COMMERCIAL UMBRELLA COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

This insurance does not apply to and we have no duty to defend:

Any claim, demand, "suit" or indemnification for punitive damages or exemplary damages, fines, penalties, or any increase in damages resulting from the multiplication or increase of compensatory or actual damages.

The provisions of this endorsement do not apply in any state where such provision is expressly prohibited by state law or regulation.

All other terms and conditions of this policy remain unchanged.

STONINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY -- PLEASE READ IT CAREFULLY.

TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GARAGE COVERAGE FORM

TRUCKERS COVERAGE FORM

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

PRODUCTS/COMPLETED OPERATION LIABILITY COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

The following CONDITION is added:

If this Coverage Form and any other Coverage Form or policy under which you are an insured, issued by us or any companies affiliated with us, apply to the same "accident" or "occurrence", the aggregate maximum Limit of Insurance under all the Coverage Forms or policies shall not exceed the highest applicable Limit of Insurance under any one Coverage Form or policy. This condition does not apply to any Coverage Form or policy issued by us or an affiliated company specifically to apply as excess insurance over this Coverage Form.

STONINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY -- PLEASE READ IT CAREFULLY.

TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US

This endorsement modifies insurance provided under the following:

MOTOR TRUCK CARGO LEGAL LIABILITY COVERAGE FORM

ON HOOK PHYSICAL DAMAGE LEGAL LIABILITY COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

The following CONDITION is added:

If this Coverage Form and any other Coverage Form or policy under which you are an insured, issued by us or any companies affiliated with us, apply to the same occurrence, the aggregate maximum "limit" under all the Coverage Forms or policies shall not exceed the highest applicable "limit" under any one Coverage Form or policy. This condition does not apply to any Coverage Form or policy issued by us or an affiliated company specifically to apply as excess insurance over this Coverage Form.

<i>SERFF Tracking Number:</i>	<i>PERR-125427723</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonington Insurance Company</i>	<i>State Tracking Number:</i>	<i>#101657 \$50</i>
<i>Company Tracking Number:</i>	<i>SIC-CMP-SG-AR-08-01-F</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>SIC-CMP-SG-AR-08-01-F</i>		
<i>Project Name/Number:</i>	<i>SIC-CMP-SG-AR-08-01-F/SIC-CMP-SG-AR-08-01-F</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PERR-125427723</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonington Insurance Company</i>	<i>State Tracking Number:</i>	<i>#101657 \$50</i>
<i>Company Tracking Number:</i>	<i>SIC-CMP-SG-AR-08-01-F</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>SIC-CMP-SG-AR-08-01-F</i>		
<i>Project Name/Number:</i>	<i>SIC-CMP-SG-AR-08-01-F/SIC-CMP-SG-AR-08-01-F</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	01/30/2008
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Comments:

Attachments:

2007 NAIC PCTD.pdf
2007 NAIC FFS.pdf

Satisfied -Name:	Filing Memorandum, Letter of Authorization	Review Status:	Approved	01/30/2008
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Comments:

Attachments:

No RCA Filing Memorandum.pdf
Authorization Letter 20080101 P&K.pdf

Satisfied -Name:	Markups of revised forms	Review Status:	Approved	01/30/2008
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Comments:

Attachments:

DV - SKILABUS1004 Assault & Battery Exclusion.pdf
DV - SKILDGUS1004 Dogs-Animal Exclusion.pdf
DV - SKILFAUS0704 Firearm Exclusion.pdf
DV - SKILPEUS0704 Punitive Damage Exclusion.pdf
DV - S6ILTWUS0804 Pyramid-Duplicate Coverage.pdf

Property & Casualty Transmittal Document


1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Glencoe US Holdings, Inc	1331

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Stonington Insurance Company, Inc	Texas	10340	57-0338686	

5. Company Tracking Number	SIC-CMP-SG-AR-08-01-F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Lois Pimentel 881 Alma Real Drive, Ste 205 Pacific Palisades, CA 90272	Filing Analyst	888.201.5123 x 162	310.230.8529	doi@perrknight.co m
7. Signature of authorized filer				
8. Please print name of authorized filer		Lois Pimentel		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	05.0 CMP Liability and Non-Liability
10. Sub-Type of Insurance (Sub-TOI)	05.0003 Commercial Package
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	General Risks Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: March 1, 2008 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	January 14, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	SIC-CMP-SG-AR-08-01-F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of Stonington Insurance Company (the "Company"), we are filing new and revised forms in your jurisdiction.

Enclosed you will find a filing memorandum that details the changes being made in this filing.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

We respectfully request this filing to be effective

Please do not hesitate to contact us should you have any questions or concerns.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: 101657

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		SIC-CMP-SG-AR-08-01-F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Unreported Driver Endorsement	SICCAUDUS1207	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Unreported Driver Deductible Endorsement	SICCAUDDUS1208	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Exclusion of Assault and Battery	SICILABUS0108	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SKILABUS1004	
04	Exclusion of Injury or Damage Caused by Animals	SICILDGUS0108	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SKILDGUS1004	
05	Exclusion of Injury or Damage Caused by Firearms	SICILFAUS0108	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SKILFAUS0704	
06	Exclusion of Punitive, Exemplary, or Multiple Damages	SICILPEUS0108	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SKILPEUS0704	
07	Two or More Coverages Forms or Policies Issued by Us	SICILTWUS0108	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	S6ILTWUS0804	
08	Two or More Coverages Forms or Policies Issued by Us	SICIMTWUS0807	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Stonington Insurance Company

Filing Memorandum

On behalf of Stonington Insurance Company (the "Company"), we are filing new and revised forms.

NEW FORMS

SICCAUDDUS1207 Unreported Driver Deductible Endorsement

SICCAUDUS1207 Unreported Driver Endorsement

Both of these forms are new and do not replace any prior forms. Both forms are optional and do not offer any rate reduction.

SICCAUDUS1207 Unreported Driver Endorsement is exclusion for coverage in excess of state minimum liability requirements.

SICCAUDDUS1207 Unreported Driver Deductible Endorsement places a physical damage deductible on any accident involving an unreported driver.

SICIMTWUS0807 Two or More Coverage Forms or Policies Issued by Us

This is a new form that is Commercial Inland Marine specific and will be used with the Motor Truck Cargo Coverage Forms.

REVISED FORMS

SICILFAUS0108 Exclusion of Injury or Damage Caused by Firearms

The Company has added wording to clarify the intent of the exclusion.

SICILABUS0108 Exclusion of Assault and Battery

SICILDGUS0108 Exclusion of Injury or Damage Caused by Animals

SICILPEUS0108 Exclusion of Punitive, Exemplary or Multiple Damages

SICILTWUS0108 Two or More Coverage Forms or Policies Issued by Us

The above forms are revised and have previously been approved in your jurisdiction. The Company has removed the signature line. No other changes are proposed at this time. Enclosed you will find mark up versions of the previously approved forms showing this change.

We respectfully request this filing to be effective March 1, 2008.

Walter J. Kozuch
Vice President – Technical Services
Stonington Insurance Company
Stonington Lloyds Insurance

January 1, 2008

Stonington Insurance Company
NAIC Company Code 10340

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, form filings on behalf of Stonington Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

Perr&Knight, Inc.
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Tel: (310) 230-9339
Fax: (310) 230-1061

Please contact me at (972) 664-7105 if you have any questions regarding this authorization.

Sincerely,



Walter J. Kozuch
Vice President – Technical Services

Stonington Insurance Company
Stonington Lloyds Insurance
5080 Spectrum Drive, Suite 900 East · Addison, Texas 75001
Tel: 972-664-7105 · Fax: 972-994-9746 · wkozuch@stoningtonins.com

STONINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY -- PLEASE READ IT CAREFULLY.

EXCLUSION OF ASSAULT AND BATTERY

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
COMMERCIAL UMBRELLA COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

This insurance does not apply to:

1. "Bodily injury," "property damage" or "personal and advertising injury" arising out of:
 - a. Assault and/or battery, any altercation, offensive contact, apprehension of offensive contact, or threat by words or deeds; or
 - b. Any act or omission in connection with the prevention or suppression of an assault and/or battery.
 - c. The
 1. Employment;
 2. Investigation;
 3. Supervision;
 4. Reporting to the proper authorities, or failure to so report; or
 5. Retention;of a person for whom any insured is or ever was legally responsible and whose conduct would be excluded by **a.** or **b.** above.
2. This exclusion applies regardless of intent and without regard to:
 - a. Whether the acts are alleged to be by or at the instruction or direction of an insured, an insured's officers, employees, agents or servants; or by another person lawfully or otherwise on or near premises owned or occupied by an insured; or by any other person; or
 - b. Any alleged failure of an insured, or an insured's officers, employees, agents or servants to prevent, bar or halt any such conduct.

All other terms and conditions of this policy remain unchanged.

~~Authorized Representative~~

~~Date~~

STONINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY -- PLEASE READ IT CAREFULLY.

EXCLUSION OF INJURY OR DAMAGE CAUSED BY ANIMALS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
COMMERCIAL UMBRELLA COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

This insurance does not apply to:

Any "bodily injury", "property damage", "personal and advertising injury" or "loss(es)" caused by or resulting from an "animal" owned by, leased or loaned to, or in the care, custody or control of any insured;

"animal" means any animal kept as a pet or guard animal, or that lives in association with people, including, but not limited to, a dog, cat, horse, sheep, goat, cow, pig, or bird.

All other terms and conditions of this policy remain unchanged.

Insured's Signature	Date
Authorized Representative	Date

STONINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY -- PLEASE READ IT CAREFULLY.

EXCLUSION OF INJURY OR DAMAGE CAUSED BY FIREARMS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
COMMERCIAL UMBRELLA COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

This insurance does not apply to:

1. "Bodily injury", "property damage", "personal and advertising injury" or "loss" caused by, resulting from or arising out of the ownership, possession, entrustment, discharge or use of any firearm. Use includes, but is not limited to, operation, maintenance and loading or unloading.

2. This exclusion applies regardless of intent and without regard to:

a. Whether the ownership, possession, entrustment, discharge or use of the firearm is alleged to be by or at the instruction or direction of an insured; an insured's officers, employees, agents or servants; by another person lawfully or otherwise on or near premises owned or occupied by an insured; or by any other person; or

b. Any alleged failure of an insured, or an insured's officers, employees, agents or servants to prevent, bar or halt any such ownership, possession, entrustment, discharge or use of a firearm.

All other terms and conditions of this policy remain unchanged.

~~Authorized Representative~~

~~Date~~

STONINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY -- PLEASE READ IT CAREFULLY.

EXCLUSION OF PUNITIVE, EXEMPLARY, OR MULTIPLE DAMAGES

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
COMMERCIAL UMBRELLA COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

This insurance does not apply to and we have no duty to defend:

Any claim, demand, "suit" or indemnification for punitive damages or exemplary damages, fines, penalties, or any increase in damages resulting from the multiplication or increase of compensatory or actual damages.

The provisions of this endorsement do not apply in any state where such provision is expressly prohibited by state law or regulation.

All other terms and conditions of this policy remain unchanged.

_____	_____
Authorized Representative	Date

STONINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY -- PLEASE READ IT CAREFULLY.

TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
PRODUCTS/COMPLETED OPERATION LIABILITY COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

The following CONDITION is added:

If this Coverage Form and any other Coverage Form or policy under which you are an insured, issued by us or any companies affiliated with us, apply to the same "accident" or "occurrence", the aggregate maximum Limit of Insurance under all the Coverage Forms or policies shall not exceed the highest applicable Limit of Insurance under any one Coverage Form or policy. This condition does not apply to any Coverage Form or policy issued by us or an affiliated company specifically to apply as excess insurance over this Coverage Form.

~~Authorized Representative~~

~~Date~~